

Application Data Sheet

Application Information

Application number:: September 22, 2003
Filing Date:: Regular
Application Type:: Utility
Subject Matter::
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: Paper
Computer Readable Form (CRF)?:: YES
Number of copies of CRF:: 1
Title:: Process for Decreasing Aggregate Levels of
Pegylated Protein
161765.00522
Attorney Docket Number::
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure:: 2
Total Drawing Sheets:: 4
Small Entity?:: NO
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Denis
Middle Name::	M.
Family Name::	Boyle
Name Suffix::	
City of Residence::	Marthasville
State or Province of Residence::	MO
Country of Residence::	US
Street of mailing address::	19461 Fox Meadow Lane
City of mailing address::	Marthasville
State or Province of mailing address::	MO
Country of mailing address::	US
Postal or Zip Code of mailing address::	63357

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	J.
Family Name::	Buckley
Name Suffix::	
City of Residence::	Ofallon
State or Province of Residence::	MO
Country of Residence::	US
Street of mailing address::	7325 Watsons Parish Drive
City of mailing address::	Ofallon

State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63366

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gary
Middle Name:: V.
Family Name:: Johnson
Name Suffix::
City of Residence:: St. Charles
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 4 Westford Court
City of mailing address:: St. Charles
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63304

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: E.
Family Name:: Steinmeyer
Name Suffix::
City of Residence:: Clarkson Valley
State or Province of Residence:: MO
Country of Residence:: US

Street of mailing address:: 1645 Trotting Trail
City of mailing address:: Clarkson Valley
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michele
Middle Name::
Family Name:: Toal
Name Suffix::
City of Residence:: Chesterfield
State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 1807 Westmeade Drive
City of mailing address:: Chesterfield
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Serdar
Middle Name::
Family Name:: Aykent
Name Suffix::
City of Residence:: Chesterfield

State or Province of Residence:: MO
Country of Residence:: US
Street of mailing address:: 349 West Manor Drive
City of mailing address:: Chesterfield
State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IN
Status:: Full Capacity
Given Name:: Anurag
Middle Name:: S.
Family Name:: Rathore
Name Suffix::
City of Residence:: Thousand Oaks
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 257 Green Lea
City of mailing address:: Thousand Oaks
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 91361

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/412,227	09/20/02
This Application	Continuation-in-Part of	P-107,891	08/25/03

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Pharmacia Corporation
Street of mailing address:: Global Patent Department
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State or Province of mailing address:: MO
Country of mailing address:: US
Postal or Zip Code of mailing address:: 63006